

**NEBRASKA HEALTH AND HUMAN SERVICES**  
REGULATION AND LICENSURE

**APPLICATION FOR INDIVIDUALS  
TO CONDUCT LEAD-BASED PAINT ACTIVITIES**

**A. Certification Information**

Indicate below the type of application.

- ☐ **New** application for new certification only  
☐ **Re-Apply** (Use re-apply only if certificate is expired.)

Indicate below the type of certification. Licensee Assistance Program fee.

- ☐ **Inspector** **\$203.00**  
☐ **Risk Assessor\*** **\$203.00**  
☐ **Project Designer** **\$203.00**  
☐ **Supervisor** **\$203.00**  
☐ **Worker** **\$103.00**  
☐ **Visual Lead Hazard Advisor** **\$103.00**  
☐ **Elevated Blood Lead Level Investigator (EBL)** no fee

*\* Includes certification as an Inspector Included Licensee Assistance Program*

Please indicate where you would like your renewal information sent to: Home ☐ Employer ☐

OFFICE USE ONLY

**PLU #2930**

\*Please submit two identical passport-sized photographs of you alone, recent enough to be a good likeness (normally taken within the last 6 months). The photographs should be 2 x 2 inches in size with an image of your head and shoulders taking up the majority of the area. Photographs must be clear, front view, full face, taken in normal street clothing without a hat or dark glasses, and printed on thin paper with a plain light background. Any retouching of photos is unacceptable.

**B. Applicant Information(All applicants must complete this section)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs

Country of Legal Residence \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Hair Color \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone Number Employer \_\_\_\_\_ FAX \_\_\_\_\_

Employer's Address \_\_\_\_\_ Owner's Name \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

If you are applying for a supervisor or worker certification, have you visited a physician within the last year, who declares you capable of working wearing a respirator? ☐ Yes ☐ NO( **A Physician must complete Form 4**)  
(Check)

**C. Education Information – (If you are applying for Risk Assessor, Supervisor or Project Designer complete this section)**

Did you graduate from High School? ☐ YES ☐ NO ☐ GED  
(Check)

High School(s) Attended \_\_\_\_\_  
(Name) (Location) (Highest Grade Completed)

\_\_\_\_\_  
(Name) (Location) (Highest Grade Completed)

Name any technical, vocational, or special trade schools, colleges, and or graduate schools you have attended.

\_\_\_\_\_  
(School) (Course of Study) (Highest Level Completed) (Degree Received) (Year Graduated)

\_\_\_\_\_  
(School) (Course of Study) (Highest Level Completed) (Degree Received) (Year Graduated)

\_\_\_\_\_  
(School) (Course of Study) (Highest Level Completed) (Degree Received) (Year Graduated)

## D. Experience

Answer the following items about your experience if you are applying for risk assessor, supervisor, or project designer certification or re-certification. Attach additional sheets of paper if necessary.

Title or Occupation: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(Name) (Contact)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Business Phone \_\_\_\_\_ ext. \_\_\_\_\_ Period of Employment: \_\_\_\_\_

## E. Training (All applicants must complete section E)

Have you received any training, which may apply to certification to conduct lead based paint activities? ☐ YES ☐ NO  
(Check)

Name of Training Provider \_\_\_\_\_

Name of Training Center \_\_\_\_\_

Training Center Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Training Center Phone \_\_\_\_\_ Date Training Completed \_\_\_\_\_

Was training conducted in English? \_\_\_\_\_ If No, please specify the language. \_\_\_\_\_

Training Certificate Identification Number \_\_\_\_\_

**\*Please include originals from the training providers of all certificates or letters of initial or refresher training that you completed.**

## F. Professional Certifications

In the following blanks, list professional certification(s) held, such as, Industrial Hygienist, Professional Engineer, Registered Architect, Environmental Scientist. Attach additional sheets of paper if necessary.

Certification \_\_\_\_\_ Area/Region where registered, if applicable (list State, Territory, Indian Tribe name)

Certification \_\_\_\_\_ Area/Region where registered, if applicable (list State, Territory, Indian Tribe name)

Certification \_\_\_\_\_ Area/Region where registered, if applicable (list State, Territory, Indian Tribe name)

Do you hold current permits, licenses, certifications, or registrations in the ☐ YES ☐ NO  
lead based paint activity field in any area or region? (check)

**If yes**, please fill in the following blanks, one line for each permit, license, certification, or registration held. Attach additional sheets of paper if necessary.

Discipline in which certification held \_\_\_\_\_ Area/Region (list State/Territory, or Indian Tribe name) \_\_\_\_\_ (Certification/Identification Number) \_\_\_\_\_ Date received \_\_\_\_\_

Discipline in which certification held \_\_\_\_\_ Area/Region (list State/Territory, or Indian Tribe name) \_\_\_\_\_ (Certification/Identification Number) \_\_\_\_\_ Date received \_\_\_\_\_

Do you hold a certificate from the U.S. Environmental Protection Agency? ☐ YES ☐ No  
If yes, please submit an original of your EPA certificate.

Do you hold a lead-based paint activity certificate from another state or jurisdiction? ☐ Yes ☐ No  
If yes, please submit an original of your state certificate. We have reciprocity with Kansas and Missouri

### G. Lead-Based Paint Activity Violations

Do you have any past, present, or pending lead-based paint activity violations Of EPA, State, Territory, or Indian Tribe regulations?

☐ YES

☐ NO

(Check)

If yes, please attach a written explanation.

### H. Additional Information

Use the following space for any additional information or comments that you want considered with your application.

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### I. Signature

Please sign your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to NAC 178 chapter 23, follow work practice standards according to NAC 178 chapter 23, and conduct lead-based paint activities only in those fields in which I have received certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Title (if applicable)

#### \*Before you mail your application, check to make sure that you have:

- ☐ Filled out all sections of the application that apply to you
- ☐ Signed and dated the application
- ☐ Enclosed original of your course completion certificate(s)
- ☐ Enclosed documentation of your education, experience, and professional certification(s), if necessary
- ☐ Enclosed any other documentation needed -- See the instructions for more information
- ☐ Enclosed the appropriate certification fee(s) -- See the Fee Sheet for more information
- ☐ Enclosed two identical passport-sized photos of yourself
- ☐ Made a copy of your application for your files

Mail original completed application and supporting materials in one package to:

#### Lead-Based Paint Certification

Credentialing Division

Nebraska Health & Human Services - Regulation & Licensure

301 Centennial Mall South

P.O. Box 94986

Lincoln, NE 68509-4986

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE – LEAD-BASED PAINT PROGRAM**

**LEAD-BASED PAINT OCCUPATION  
MEDICAL EXAMINATION**

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 73-6326 pertaining to the State certification of an individual for the classes of worker and supervisor performing duties in a lead-based paint occupation. The statute provides lead-based paint workers and supervisors may not be certified unless they have "been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator."

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**PHYSICIAN'S CERTIFICATION**

Name of Individual Examined: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home address of Individual: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

\_\_\_\_\_ is physically capable of working while wearing a respirator

\_\_\_\_\_ is not physically capable of working while wearing a respirator

Name of Examining Physician: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

Jurisdiction Issuing License: \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_

**(Must be an original signature no copies will be accepted)**

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_